

VOTER REGISTRATION APPLICATION

For Wisconsin Residents

You can use this form to: <input type="checkbox"/> register to vote <input type="checkbox"/> report that your name or address has changed Please print in blue or black ink.	This space for office use only.
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1	Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle One) Jr Sr II III IV	
2	Address (see instructions) - Street (or route & box number)		Apt. or Lot #	City/Town	State	Zip Code
3	Address Where You Get Your Mail if Different From Above (See Instructions)			City/Town	State	Zip Code
4	Date of Birth _____ / _____ / _____		6	ID Number - Check the applicable box and provide the appropriate number.		
5	Telephone Number (Optional)			<input type="checkbox"/> Driver's license number _____ <input type="checkbox"/> Last 4 digits of social security number _____ <input type="checkbox"/> I have neither a driver's license nor a social security number.		
7	Please answer the following questions by checking "yes" or "no." Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked "no" in response to either of these questions, do not complete this form. <input checked="" type="checkbox"/> I certify that I meet the eligibility requirements of the State of Wisconsin, and that the information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be subject to a fine or imprisonment or both under Federal or State laws.					
▶	Signature of elector – Please sign full name or put mark.				Date _____ / _____ / _____	
8	Signature and address of corroborating witness. Or, if the applicant is unable to sign, signature and address of the assistant who helped the applicant fill out this application.					
9	Signature of election official or special registration deputy.					

Please fill out the sections below as they apply to you. MAIL REGISTRANTS: PLEASE SEE SECTION D.

If this application is for a **change of name**, what was your name before you changed it?

A	Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle One) Jr Sr II III IV
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If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?

B	Street (or route and box number)	Apt. or Lot #	City/Town	State	Zip Code
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If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

C	<input checked="" type="checkbox"/> Write in the names of the crossroads (or streets) nearest to where you live <input checked="" type="checkbox"/> Draw an X to show where you live. <input checked="" type="checkbox"/> Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.								
	Example	E I m	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Grocery Store</td> <td style="width: 50%;">North ▲</td> </tr> <tr> <td colspan="2" style="text-align: center;">Woodchuck Road</td> </tr> <tr> <td>Public School</td> <td style="text-align: center;">x</td> </tr> </table>	Grocery Store	North ▲	Woodchuck Road		Public School	x
	Grocery Store	North ▲							
Woodchuck Road									
Public School	x								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 40px;"></td> <td style="width: 50%; height: 40px;"></td> </tr> </table>									

D	IDENTIFICATION REQUIREMENTS
<input checked="" type="checkbox"/> If you are registering to vote in Wisconsin for the first time, and submitting this application by mail, you must provide identification with this application.	
<input checked="" type="checkbox"/> If you do not provide identification with this application, you will be asked for identification the first time you vote.	
<input checked="" type="checkbox"/> See the instructions in "Box D" on the reverse side of this form for a list of acceptable forms of identification.	

VOTER REGISTRATION APPLICATION INSTRUCTIONS

Box 1 - Name

Put in this box your full name in this order - Last, First, Middle. Do not use nicknames or initials.

Note: If this application is for a change of name, please tell us in **Box A** (*on the bottom half of the form*) your full name before you changed it.

Box 2 - Home Address

Put in this box your home address (legal voting address). Do **not** put your mailing address here if it is different from your home address. Do **not** use a post office box or rural route without a box number.

Note: If you were registered before *but* this is the first time you are registering from the address in Box 2, please tell us in **Box B** (*on the bottom half of the form*) the address where you were registered before. Please give us as much of the address as you can remember.

Also note: If you live in a rural area but do not have a street address, or if you have no address, please show where you live using the map in **Box C** (*at the bottom of the form*).

Box 3 - Mailing Address

If you get your mail at an address that is different from the address in Box 2, put your mailing address in this box.

Note: If you have no address in Box 2, you **must** write in Box 3 an address where you can be reached by mail.

Box 4 - Date of Birth

Put in this box your date of birth in this order – Month/Day/Year. *Be careful not to use today's date!*

Box 5 - Telephone Number

Most states ask for your telephone number in case there are questions about your application. However, you do **not** have to fill in this box.

Box 6 - ID Number

Provide your driver's license number or last 4 digits of your social security number. Check the box that indicates which number you will be providing.

Box 7 - Signature

To register in Wisconsin you must:

- be a citizen of the United States;
- be a resident of Wisconsin for at least 10 days;

- be 18 years old;
- not have been convicted of treason, felony or bribery, or, if you have, your civil rights have been restored;
- not have been found by a court to be incapable of understanding the objective of the electoral process;
- not make or benefit from a bet or wager depending on the result of an election;
- not have voted at any other location, if registering on election day.

Answer the questions by checking the appropriate boxes. Sign your **full** name or make your mark, and print today's date in this order – Month/Day/Year.

Box 8 – Signature and Address of Assistant

■ Name of Assistant

If you are unable to sign, put in this box the name and address of the person who helped you.

Box D - Identification

If you are registering to vote for the first time, and submitting this registration form by mail, attach a copy of one of the following forms of identification:

- a copy of a current and valid photo identification;
- a copy of a current utility bill, bank statement, government check, pay check, or government document that shows the name and address of the voter.

**STOP HERE IF REGISTRATION IS BY MAIL!
REMEMBER TO INCLUDE A COPY OF YOUR FORM OF
IDENTIFICATION.**

Box 8 – Signature and Address of Corroborating Witness

- Required when registering in person only.
- Required only if elector cannot provide acceptable proof of residency.

Box 9 – Signature of Election Official or Special Registration Deputy

- Required when registering in person only.

Mail or deliver completed form to:
Municipal Clerk
(applicant's municipality)